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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Doland Times Record		2. DATE: 10/10/18
3. FREQUENCY OF ISSUE: ~~52~~ Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $30/State 35/out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 165 2nd St Conde SD 57434		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 165 2nd St Conde SD 57434		
6. FULL NAME OF PUBLISHER: Tina Sanderson		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME — COMPLETE MAILING ADDRESS

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	400	400
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	~~20~~	15
2. Mail Subscription (Paid and or requested)	356	377
3. Paid Electronic Copies	~~0~~	~~0~~
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	371	392
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	~~0~~	~~0~~
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	~~0~~	~~0~~
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	371	392
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	9	8
2. Return from News Agents	~~0~~	~~0~~
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	400	400

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Tina Sanderson — (Signature)

Editor. — (Title)

State of South Dakota)
§
County of Spink)

Sworn to before me this 10 day of Oct, 2018

Pamela Carus
Notary Public

(Seal)

My commission expires: 1-31-2024

Form: SOS REC 051 9/2016